

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555804	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2011
NAME OF PROVIDER OR SUPPLIER VICTORIA SPECIAL CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 654 S. ANZA EL CAJON, CA 92020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an Annual Re-Certification Life Safety Code Survey of the facility using the 101 NFPA (National Fire Protection Association) 2000 Edition (existing) of the Life Safety Code. The facility was surveyed in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) for Long Term Care Facilities. K3 BUILDING: 01 K6 PLAN APPROVAL: 1974 K7 SURVEY UNDER: 2000 Existing TYPE OF CONSTRUCTION: One Story, Protected Wood Frame & Stucco Construction, Type V (111), Fully Sprinklered CENSUS: 113 Representing the Department: 29626	K 000	"This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted."	8-15-2011
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on staff interviews, the facility failed to	K 050	K 050 Please refer to page 2 for this Plan of Correction.	

Poc acceptable per your yellow, HFES II 8/15/11

STAFF
PREF. 08
07/21/11 1:20:01

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Admin 5 Aug 2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 ensure that staff members were aware of their duties to protect residents in the event of a fire. This was evidenced by staff members who were unfamiliar with the different types of fire extinguishers in the kitchen, affecting 1 of 3 smoke compartments. This had the potential for staff members to not properly respond to an emergency situation, such as a fire, that could result in harm to residents and staff. Findings: During a tour of the facility with the Maintenance Supervisor on July 21, 2011, staff were interviewed to determine their knowledge of their fire emergency procedures. At 1:20 p.m., kitchen staff were interviewed to determine their knowledge on the three different types of fire extinguishers, Type-K (used for fires involving cooking oils), type ABC (used for fires involving ordinary combustible materials, flammable liquids, and electrical devices), and type BC (used for fires involving flammable liquids and electrical devices) that were located in the kitchen. Two of four Kitchen Staff were not aware of what type of fire extinguisher to use on fires involving cooking oils.	K 050	Continued from page 1 <u>Specific Action</u> All Dietary Staff will be re-in-serviced to be familiar with the (3) different types of fire extinguishers; i.e.; type K, type ABC & type BC. <u>Responsibility</u> Dietary Supervisor and DSD will be responsible for inservices. The inservices have been completed. <u>Compliance Measures</u> Monthly dietary inservices will include the (3) types of extinguishers. Dietary Supervisor to monitor for compliance. K 052	8-15-2011	
K 052 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	Please refer to page 3 for the Plan of Correction.		

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K 073 SS=C	<p>Continued From page 3</p> <p>No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to ensure that decorations in the facility were flame retardant. This was evidenced by awnings installed in corridors above doors and a cart with a canvas cover with no tag or record of their flame retardant properties. This affected 3 of 3 smoke compartments and could result in rapid spread of fire and cause smoke inhalation and burns to residents and staff in the event of a fire.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on July 21, 2011, canvas covers were observed.</p> <p>1. At 2:00 p.m., the awning installed above the door entrance to the Physical Therapy Room from the corridor had no tag that identified the smoke and flame spread rating of the material. The facility had no records from the manufacturer.</p> <p>2. At 2:15 p.m., the canvas installed above a push cart used by facility to deliver beverages to residents had no tag that identified the smoke and flame spread rating of the material. The facility had no records from the manufacture.</p> <p>The Maintenance Supervisor was given until 11:00 a.m. on July 25, 2011 to fax documents.</p>	K 073	<p>Continued from page 3</p> <p>K 073</p> <p><u>Specific Action</u> The facility will obtain replacement fire retardant verification for the lost tags for the two canvas awnings and the food cart awning.</p> <p><u>Responsibility</u> Maintenance Supervisor to secure required Fire Retardant Verification.</p> <p><u>Compliance Measures</u> Duplicate Fire Retardant tags will be maintained in the facility. Administrator to monitor for compliance.</p>	8-15-2011	

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K 073	Continued From page 4			K 073			
K 076	As of 7/25/2011, 12:30 p.m. no fax was received.			K 076			
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD				K 076		
	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.						
	(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.						
	(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4						
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that the oxygen cylinders were properly secured as evidenced by two unsecured oxygen cylinder, affecting 1 of 3 smoke compartments. This could cause harm to patients and staff in the event the cylinder fell on something or someone and/or the high pressure valve was damaged and caused the cylinder to move about in an uncontrolled manner.				Please refer to page 6 for the Plan of Correction.		
	NFPA 99 Health Care Facilities, 1999 Edition 4-3.1.1.1. Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over.						
	Findings:						

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K 076	Continued From page 5 During a tour of the facility with the Maintenance Supervisor on July 21, 2011, the facilities oxygen storage area and cylinders were observed. At 2:23 p.m., there were two E-sized oxygen cylinders in 1 of 2 Oxygen Storage Rooms that were standing upright with a loose chain wrapped around them. The chain did not secure the cylinders from falling over during an earthquake or other force.	K 076	Continued from page 5 <u>Specific Action</u> The loose chain was tightened to secure the empty E-sized oxygen cylinders.	8-15-2011	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain electrical safety in accordance with NFPA 99 and NFPA 70. This was evidenced by exposed energized parts and multi-outlet adapters and extension cords found in residents' rooms with devices plugged into them, affecting 2 of 3 smoke compartments. This deficient practice had the potential of overloading the circuit that could result in an increased risk of an electrical fire and shock, causing potential harm to residents and staff. NFPA 99, Health Care Facilities, 1999 Edition 3-3.2.1.2 All Patient Care Areas. (d) Receptacles. 2. Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147	<u>Responsibility</u> Maintenance / Central Supply to monitor for compliance. K 147 Please refer to page 7 for the Plan of Correction.		

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K 147	<p>Continued From page 6</p> <p>NFPA 70, National Electrical Code, 1999 Edition 110-12. Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner. (a) Unused Openings. Unused openings in boxes, raceways, auxiliary gutters, cabinets, equipment cases, or housings shall be effectively closed to afford protection substantially equivalent to the wall of the equipment.</p> <p>110-56. Energized Parts. Bare terminals of transformers, switches, motor controllers, and other equipment shall be enclosed to prevent accidental contact with energized parts.</p> <p>210-23 Permissible Loads. In no case shall the load exceed the branch-circuit ampere rating. An individual branch circuit shall be permitted to supply any load for which it is rated. A branch circuit supplying two or more outlets or receptacles shall supply only the loads specified in (a) through (d) and as summarized in Section 210-24 and Table 210-24.</p> <p>400-8. Uses Not Permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for a fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors. (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors</p>	K 147	<p>Continued from page 6</p> <p>Please refer to page 8 for the Plan of Correction</p>		

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K 147	Continued From page 7 (6) Where installed in raceways, except as otherwise permitted in this code Findings: During a tour of the facility with the Maintenance Supervisor on July 21, 2011, the electrical wiring and equipment were observed. 1. At 1:39 p.m., in Resident Room 226, there was an extension cord that was interconnected to a multi-outlet adapter with a refrigerator plugged in to it. 2. At 1:41 p.m., in Resident Room 219, there was a multi-outlet adapter with four electrical devices and a refrigerator plugged in to it. 3. At 1:48 p.m., in Resident Room 220, there was a multi-outlet adapter with two electrical devices and a refrigerator plugged in to it. 4. At 1:54 p.m., in Resident Room 210 in front of Bed B, there was a gap that measured approximately 1/4-inch between the receptacle wall outlet and its cover that exposed energized parts. 5. At 2:29 p.m., in the Brief's Storage Room by Room 301, there was a penetration that measured approximately 1/4-inch by 2-inches on the side of the light switch.	K 147	Continued from page 7 K 147 <u>Specific Action</u> Extension cords were removed from the rooms. The 1/4 inch gap was repaired between the receptacle wall outlet and its cover. The 1/4 inch by 2 inch gap on the side of the light switch was repaired. <u>Responsibility</u> Maintenance Supervisor to monitor all rooms for electrical cord compliance and room repair. <u>Monitor</u> Maintenance Supervisor to continue general rounds to maintain compliance.	8-15-2011	
K 154 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire	K 154	K 154 Please refer to page 9 for the Plan of Correction.		

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K 155 SS=C	<p>Continued From page 9</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>This STANDARD is not met as evidenced by: Based on document review, the facility failed to ensure that their fire watch policy included provisions for notifying the authority having jurisdiction when the fire alarm system is out of service for more than 4 hours in a 24-hour period. This could result in failure to notify the California Department of Public Health (CDPH) when their fire alarm system is not in service.</p> <p>Findings:</p> <p>During document review on July 21, 2011, the fire watch policy for the facility was reviewed.</p> <p>1. At 11:40 a.m., the disaster manual located at the North Nursing Station did not have a fire watch policy that contained provision for notifying the authority having jurisdiction, CDPH, when the fire alarm system becomes inoperable for more than 4 hours.</p> <p>2. At 11:45 a.m., the disaster manual located at the South Nursing Station did not have a fire watch policy that contained provision for notifying the authority having jurisdiction, CDPH, when the</p>	K 155	<p>K 155</p> <p><u>Specific Action</u> The Fire and Disaster manuals were updated to include the provision for notifying the authority having jurisdiction when the Fire Alarm system becomes inoperable for more than 4 hours in a 24 hour period.</p> <p><u>Compliance</u> QA Committee to maintain manual compliance.</p> <p><u>Responsibility</u> Administrator to include in quarterly Quality Assurance Committee reviews.</p>	8-15-2011	

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K 155	Continued From page 10 fire alarm system becomes inoperable for more than 4 hours.	K 155	Please see page 10 for Plan of Correction.		